societies where it is accommodated, tolerance does not necessarily translate to acceptance. Persecution of transpeople can be found everywhere. Moreover, the focus on describing the diversity under the transgendered umbrella tends to divert attention away from the social and political consequences of forming a transgender identity and the historical progression that made it possible.

See Also: Femininity, Gender, Gender role, Homosexuality, Intersexuality, Lesbian, Masculinity, Queer, Transsexuality

Suggested Reading

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Transsexuality

Transsexuality is a clinical diagnosis representing the most extreme manifestation of gender dysphoria—a psychological condition in which a person's gender identity is opposite that of their assigned sex at birth. Simply stated, the individual believes that they were born into the wrong body, a situation that occurs in approximately equal frequency for individuals originally assigned female or male at birth. Although the medical establishment and popular media have freely used the term *transsexual* as a descriptive term for these individuals, a growing activist movement has rejected this designation in lieu of using *transpeople* or *transwoman* or *transman*.

Transsexuality as a distinct and treatable medical condition is a relatively recent phenomenon. However, incidences of women who lived their lives as men and men who lived their lives as women have been recorded throughout history in many societies. Several theorists have proposed that transsexuality is a variation in the gestational sex development pathway. However, unlike intersex conditions in which the variation rests in sexual differentiation of the gonads (see entries on Intersexuality and Hermaphroditism), for transsexuality the proposed variation is instead located in sexual differentiation of the brain. This hypothesis is conceptually appealing and is in fact supported by a number of studies on animals, but the definitive link for humans has remained elusive.

Because transsexuality cannot be detected visually or by any simple medical test, the transmale or transfemale appears to be a typical female or male with primary and secondary sexual characteristics congruent with their assigned sex at birth. Consequently, people often erroneously conclude that transsexuality is an emotional or psychological problem, that with a little self-discipline, or with counseling, transpeople can act normally and accept their original sex assignment. However, decades of psychiatric interventions, some bordering on barbarism, failed to effect even a single instance of a positive and permanent outcome—in this case, defined as adjustment to a gender identity and associated gender role congruent with the transperson's assigned sex at birth. In response to this resounding failure, psychiatrist and endocrinologist Dr. Harry Benjamin emerged in the 1950s with a new and radical treatment for transsexuality. He reasoned that if the mind could not be changed to correspond to the body, then the body should be changed to match the mind.

Benjamin's efforts ushered in the era of gender reassignment surgery, and with it a shift in focus from altering minds to reshaping bodies. The procedure is a combination of hormone treatment and major surgery to transform the appearance of genitalia and secondary sex characteristics. Methods have evolved over the years to become progressively more sophisticated and in some cases have driven advances in other areas of reconstructive surgery. However, a third, but unexplored, option to deal with transsexuality was to educate people about the ways in which gender is socially constructed in societies—in effect, to give societies an *attitude reassignment* (see entries on Queer and Transgenderism). This option is admittedly oriented toward a long-term solution, but it neither requires changing the minds of individuals nor their bodies. It also correctly locates transsexuality as a symptom of a greater problem—the strict adherence by societies to rigidly defined binary gender categories that are presumed to be mutually exclusive extensions of biology. In fact, some theorists argue that gender dysphoria would all but disappear as a psychological condition if societies simply embraced diversity and treated people with greater compassion and respect.

Although the issues and challenges that intersex and transpeople face are for the most part different,

they have one common thread. The medical establishment manages both conditions with a surgical solution that is designed to erase evidence of human diversity. In both situations, bodies are surgically altered to "normalize" their appearance. For the intersexed, this is done without individual consent, whereas for transpeople, this is done with individual consent.

In addition to facing an array of personal, social, and financial challenges before surgical intervention, transpeople often encounter legal obstacles after the procedure has been completed. In the United States, policies surrounding legal recognition of gender reassignment, along with requirements for divorce (if the individual was married prior to surgery), child custody and visitation rights, future marriage, and adoption are in the hands of state legislatures and vary considerably. Additionally, a majority of states in the United States makes it legal to openly discriminate against transpersons, as well as homosexuals, in employment and housing. Policies vary internationally as well.

An unfortunate byproduct of the medicalization of transsexuality is that the gender reassignment procedure has grown to become inappropriately viewed as a cure rather than a treatment. Although gender reassignment surgery may the best short-term solution at the present time when all things are considered, a cure for transsexuality should render the treatment obsolete. When viewed from this perspective, it is clear that the cure does not rest at the individual level (changing bodies), but rather at the societal level through changing the normative values that societies hold about gender.

See Also: Femininity, Gender, Gender role, Homosexuality, Intersexuality, Lesbian, Masculinity, Queer, Transgenderism

Suggested Reading

Bloom, A. (2002). *Normal: Transsexual CEO's, crossdressing cops, and hermaphrodites with attitude.* New York: Random House.

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Trichomoniasis Trichomonads are motile, flagellate, protozoan organisms known to cause a diverse spectrum of diseases in humans. Most of these diseases are rare. The single exception is *Trichomonas vaginalis*, the most significant of these parasites, which infects between 3 and 5 million American women each year. The organism causes an inflammation of the vaginal wall, or vaginitis, in women who contract this disease. The disease is usually sexually transmitted and the incidence is high particularly in populations at risk for other venereal diseases, such as those attending clinics for sexually transmitted diseases, those with multiple sexual partners, and those infected with HIV. *T. vaginalis* also causes genital infections in men; because these tend to be asymptomatic, the true incidence of infection in this population is unknown.

The clinical presentation of trichomoniasis is variable. It is estimated that between one fourth and one half of infected women are asymptomatic; in symptomatic women, the most common complaints are usually of malodorous vaginal discharge, discomfort with urination, and vulvovaginal irritation, pain, or burning. A history of unprotected sexual intercourse is usually present. On pelvic examination, a yellow-green discharge, usually described as "frothy," may be present in the vagina. Other signs may include vulvovaginal erythema (redness) and a "strawberry" appearance of the cervix. The latter finding is caused by microscopic hemorrhages in the surface tissue in the cervix (exocervical mucosa). In men, *T. vaginalis* infection is usually asymptomatic. Symptomatic men may experience urethral burning, pain with urination, or rarely a penile discharge.

Diagnosis of infection with *T. vaginalis* in women is usually made by examination of vaginal secretions. Characteristics that are suggestive of trichomoniasis include a yellow-green, frothy discharge, with pH level (acid level) of greater than 4.5. Conclusive proof of disease includes the microscopic identification of the organisms on a wet-mount slide of vaginal secretions. The diagnosis can also be made if the organism is identified in samples recovered from the exocervix (such as those obtained via Pap smear); however, this method is less sensitive and is therefore not currently recommended. In men, a diagnosis of trichomoniasis may be more difficult to establish and microscopic examination of both a urethral sample and a urine sample may be necessary. In both sexes, the ability to detect the disease may be increased by combining direct microscopic evaluation with cultures of infected material. Most importantly, women with trichomoniasis should also be screened for other coexistent sexually transmitted diseases.